

PALANTIR: MEDACT UPDATE MARCH 2026

<https://www.medact.org/2026/resources/briefings/briefing-palantir-fdp/#institutional-risks>



WHAT IS PALANTIR?

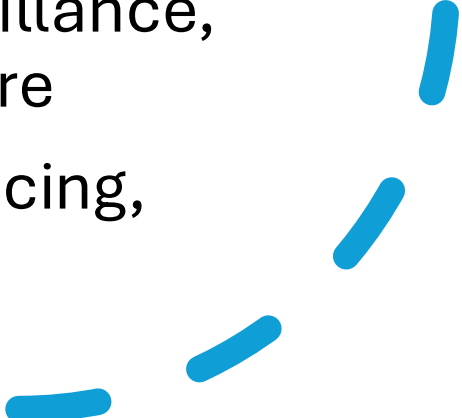
- A US tech company who will manage all our NHS data
- Palantir specialises in AI-powered military and surveillance technology and data analytics, and in “mission-tested capabilities, forged in the field” to deliver “a tactical edge – by land, air, sea and space”.
- Customers include the US military, Immigration & Customs Enforcement; the UK Ministry of Defence and the Israeli government
- Set up by the CEO of PayPal, Peter Thiel & businessman Alex Karp in the early 2000s to use the algorithms powering online businesses for warfare.
- Palantir runs personal data used originally to find credit fraudsters to hunt down targets - in battlefields in the Middle East amongst other places
- The CIA was an early investor. Palantir confers huge advantages provided that there are minimal regulations on data extraction and on civilian privacy.



*The Palantir is the magic surveillance device used
by Tolkien's bad guys – Saruman and Sauron.
These people glory in evil*

A large orange circle on the left side of the slide, partially cut off by the edge.

Executives Alex Karp and Peter Thiel

- Leading right wing influencers
 - PT believes freedom and democracy are not compatible
 - Aiming to embed in Governments and institutions everywhere
 - System starts with an offer to build software that will enable data sharing and decision making; then ties companies in to continued use
 - Particularly useful for mass surveillance, forced migration and urban warfare
 - Military, Border Enforcement, Policing, Genocide + war crimes
- 
- A decorative graphic consisting of several blue, thick, curved lines arranged in a dashed, upward-sloping pattern in the bottom right corner of the slide.

HOW THE PALANTIR WORKS

Software Gotham + Foundry

AI platforms, Apollo

& Ontology for

Analysis &

decision

making

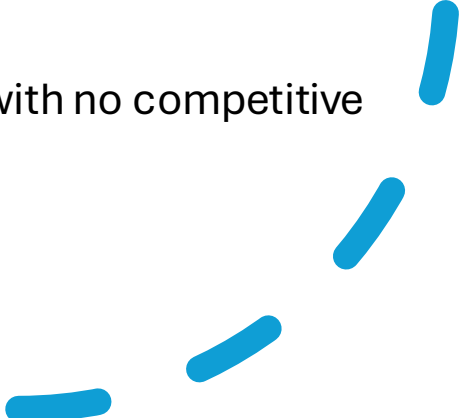
BIAS

LEVEL 3 AUTOMATED ACTIONS

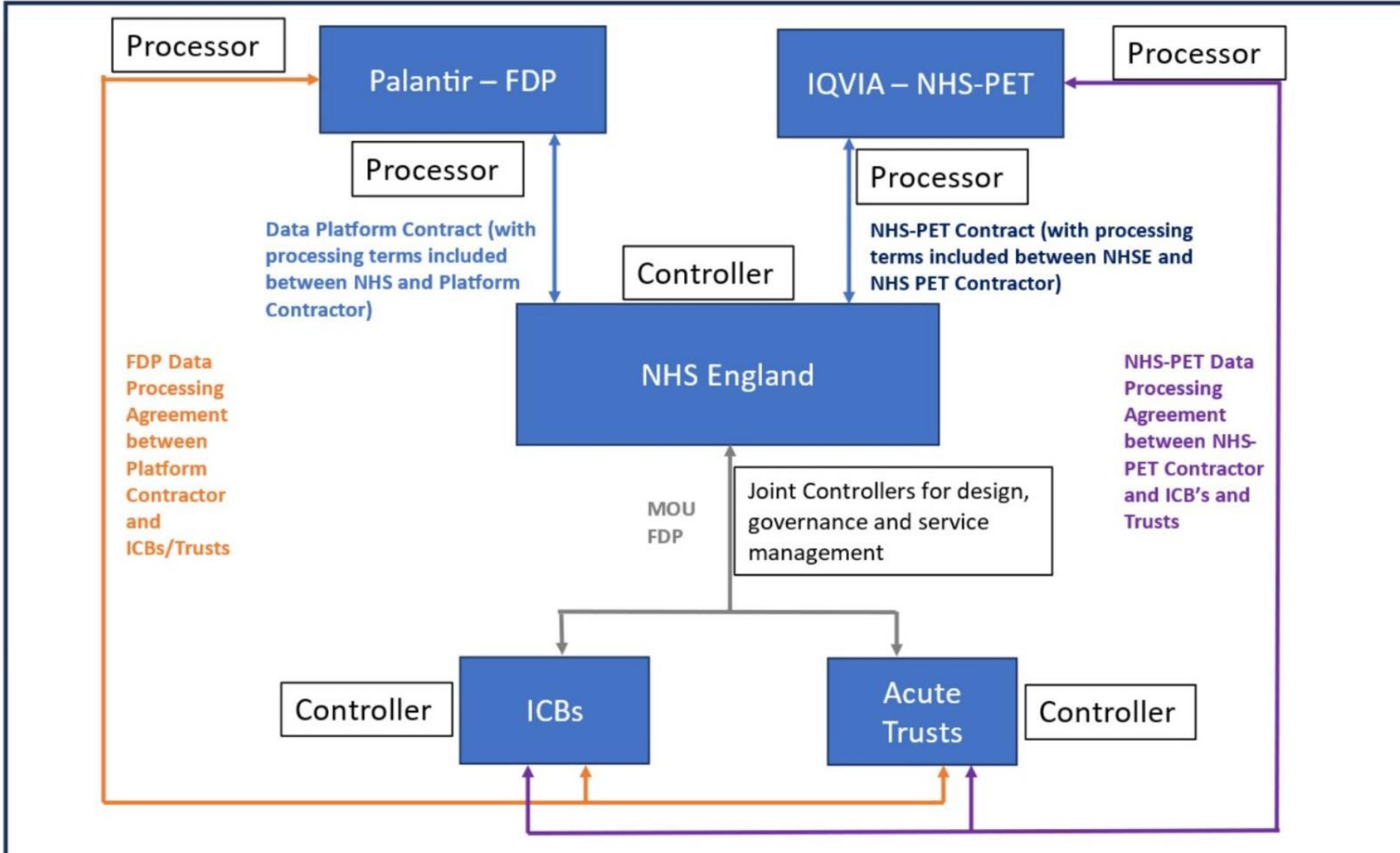
LEVEL 2 DATA ANALYSIS

LEVEL 1 COLLECTS DATA : vast amounts of public and privately amassed data in order to detect patterns.

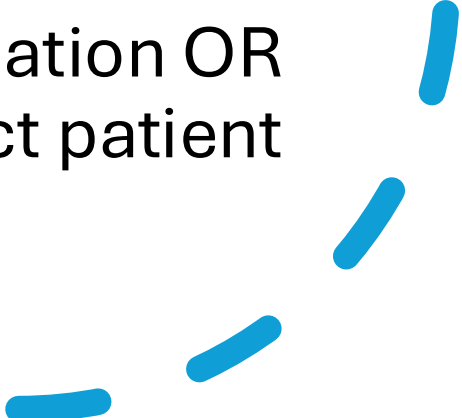
In the UK

- Contracts up to £670 million including
 - £240 million awarded by MoD in December 2025, no competitive tender,
 - £15 million Nuclear Security Technologies (formerly Atomic Weapons Establishment AWE “a gaping security hole, Clive Lewis). US intelligence can access data held by US companies all over the world
 - £330 million NHS contract – no competitive tender
 - Police
 - FCA <https://www.theguardian.com/technology/2026/mar/22/fca-deal-palantir-ai-financial-services-uk>
 - Permitted to combine data from several gov departments including Home office, Highways Authority, HMRC
 - Contracts awarded after extensive lobbying, often with no competitive tendering
- 

Part 1 – diagram of the contractual documentation



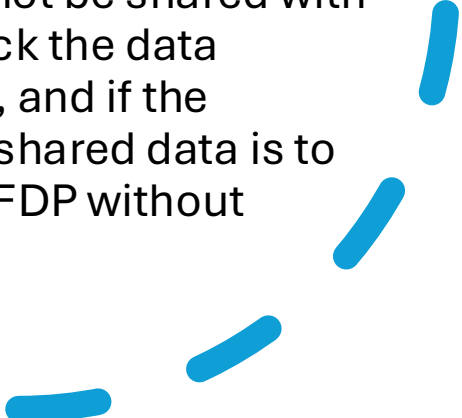
Patient opt out? Do you have a choice...

- Substantial demand – 48% of respondents to survey would opt out if FDP is run by a private company
 - NHS Data Opt Out is a legal right, but **only** applies to data (sharing & processing) that goes beyond your direct care (eg. planning, research)
 - NHS says patients will NOT be able to opt out of FDP because the data will EITHER contain “no confidential information OR information that relates to direct patient care...”
- 

Problems with NHS claims re opt out

- No definition of what direct patient care entails
- Confidential patient information is not a concept in the Data Protection Act, so lack of it is not relevant (ie DPA should apply – see GDPR on sensitive personal information).
- FDP will clearly be used for planning and research (or what is the point?)
- Not clear if caveat applies to pseudonymised data – which is still considered sensitive by Information Commissioners Office
- The opt out section in the FDP Privacy Notice is unclear
- NHS says that if it turns out that patient data will be used for secondary purposes, the opt out will apply so patient records will not be shared with Palantir- thus undermining effectiveness of process

Data management and Data Protection

- Unclear what information will be retained in the FDP, what specific protections exist, how data would be processed, and for what purposes.
 - This is especially concerning given the government's eagerness to reform data regulations. Government stated policy goals from manifesto are to "make [NHS] datasets more open to business, researchers, and citizen
 - FDP data privacy protections are insufficient – it is relatively easy to reconstruct identities from pseudonymous data. processing of these data requires a legal basis which is apparently not currently provided by the firm hired to do the pseudoanonymisation. Apparently it is possible to recover original data, meaning that the process is not watertight
 - NHS England originally said that GP data would not be shared with FDP, but ICBs are currently being advised to check the data sharing agreements they have with GP practices, and if the agreement does not specifically mention where shared data is to be held the ICBs can transfer the GP data to the FDP without informing the GP practice.^[140]
- 

continued

- Parts of the contract are still being negotiated, including relating to privacy and sharing of personal data
- access to data within the FDP must be authorised with the “explicit aim to benefit patients and/or the NHS in England”. Once authorised, Palantir staff can access the data – so what are the criteria? What is “patient benefit” and does it include primary data? Multiple requests to access data are being received by Trusts.
- Can Palantir be trusted not to pass on data? They say yes, the Swiss army thought no....and refused the contract

Data sharing

- data is extremely hard to extract and remove from AI algorithms once it has been entered. As Palantir's products are highly interoperable, it is unclear how NHS England will prevent data from being used to further improve Palantir's AI models once they are part of the FDP.
- [Chief Data and Analytics officers across the NHS](#), raised questions about AI models that sit as part of the FDP “Whether any component of processing leaves the platform boundary; Which organisations act as processors or sub-processors; Where infrastructure is geographically located; How long information is retained; Whether data contributes to model logging or improvement processes.
- Foundry, the basis of the FDP, is highly interoperable with Palantir's other softwares, including the military focussed software Gotham, with ‘drag and drop’ of data being possible between the two systems. A current or future government could abuse the data held in the FDP by Foundry and its ability to draw from other government datasets.



RISKS



1. Reputational damage and legal implications

- 1. Adoption of the FDP puts Trusts, ICBs and NHS England at risk of indirectly linking NHS procurement to alleged human rights abuses, and could be in violation of ethical procurement policies: damaging public trust in NHS data systems as a whole, and reputational damage for NHS bodies;

-



2. Inadequate data protection

- Ambiguities around definitions
- Parts of contract still being negotiated in relation to personal data
- Aim is explicitly to share data across government departments – “interoperability” of the basic data collection system, Foundry, means the likelihood is always there- the data are porous
- Use of surveillance by Governments has already been demonstrated by GCHQ and the ICA in the USA

3. Locking in

- Trusts are locked into a single supplier.
- Palantir owns the IP of all systems developed within the NHS, meaning that after the contract is finished, it will be stuck with the software.
- Foundry also creates a reliance on Palantir personnel. For data analysts within the NHS, organisations cannot fully see the code that shapes their data products. Control of the platform is heavily centralised, as Palantir supplies the data engineers and manages the data infrastructure and logic.^[187] There is little to no ability to tweak products independently and reflect local variations in service delivery without Palantir engineers. In the current context, there is an even higher risk of reliance on Palantir as a provider, and Palantir staff as technical support, given the planned cuts to ICB and NHS England staff whose in-house technical expertise could be used to develop and manage alternatives to the FDP
- Creates a closed loop; FDP is not open source, and the data can only be read and interpreted within the system

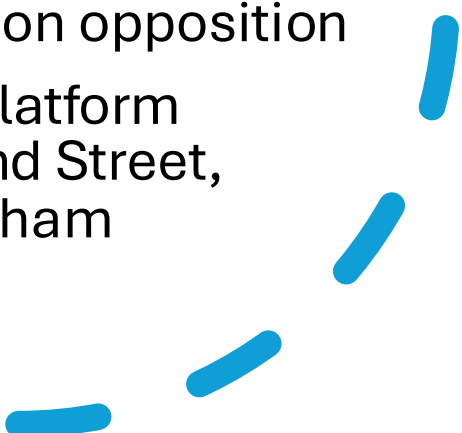
4. Less efficient than local systems

- There are ample alternative products to the FDP that provide similar operational and analytical capabilities to Trusts and ICBs, some of which are outlined by [Foxglove](#) in their report on the Federated Data Platform,¹ and others highlighted in [a 2025 report by Corporate Watch which interviewed NHS England staff](#). This report also revealed through Freedom of Information requests that multiple trusts had raised concerns that FDP was pushing out local, trusted and high quality systems.

5. Financial risks

- Significant training and implementation costs which will impact on budgets
 - Imperial College NHS Trust revealed that it alone had to spend nearly [£500,000 of its own budget](#) implementing the FDP.
 - Northumbria Healthcare NHS Foundation Trust paid Palantir an additional [£412,500 for FDP support](#).
 - At the national level, a recent *Health Service Journal* article highlighted that the true cost of FDP implementation is likely to be over [£1 billion](#).
- Financial markets are jittery about Palantir which has been over valued

THE GOOD NEWS...

- Although there is massive pressure from Government to adopt Palantir FDP, “you have to consider the FDP but if you already have data and tools in place then you can proceed and not use it”. Although strong directional words are used around adoption, NHS England falls short of stating that adoption of the FDP is mandated
 - Signing an MoU does not commit Trusts to time frames
 - Lib Dem and Greens are firmly opposed
 - According to Palantir, 79/130 Trusts are implementing, but according to Medact only 16 are fully implementing...
 - There is a great deal of internal and union opposition
 - Several NHS trusts have rejected the platform including Royal Marsden, Great Ormond Street, Leeds Teaching Hospitals, and Nottingham University College
- 

BMA Opposition – commits to

1. Lobby at a national level against the continued introduction of Palantir's software
2. Write to all relevant parties outlining these concerns
3. Encourage local, and regional BMA bodies to lobby local trusts and ICBs to terminate existing contracts with Palantir
4. Support members in taking action and providing guidance on right to refuse to use products produced by companies associated with warfare and human rights abuses
5. Raise support for suitable, publicly-owned alternatives to Palantir's FDP.

Local councils can

- Must inform themselves by reading the briefing
- Provide information for patient associations – nb The Patients Association is patronized by Palantir and refuses to work with Medact
- Invite representatives of ICBs and Health Trusts to a Health Scrutiny Committee, ask what is happening with the contract and advise them of the risks
- Questions to ask can be provided by Medact

What we can do

- Find out what your local trust is doing
- <https://fdp-rollout.onrender.com/>
- Link up with local groups
- Form a local group
- <https://www.amnesty.org.uk/issues/international-crisis/no-palantir-in-our-nhs/>

- Lobby councils
- Attend open meetings of Health Trusts
- Hold meetings and put up flyers

- We have a real chance to cancel this contract, but we have to act
- Contract has inbuilt break point February 2027, choice to renew for another 3 years or not
- In 2021 DHSC terminated a contract with Palantir after concerns raised

Local groups :

- Birmingham & Midlands
- Brighton
- Bristol
- Cambridge
- E London
- Humber & N. Yorks
- Lancaster
- Leicester
- Manchester
- Merseyside
- Mid & South Essex
- Newcastle
- North & NW London
- Oxford
- Sheffield
- South & SW London
- Stoke on Trent
- West Yorkshire

Links

- Amnesty
<https://www.amnesty.org.uk/issues/international-crisis/no-palantir-in-our-nhs/>
- Good Law Project
<https://goodlawproject.org/campaign/stop-palantir-in-the-nhs/>
- CorpWatch <https://www.corpwatch.org/>
- Corporate Watch
<https://corporatewatch.org/foi-requests-reveal-palantirs-nhs-fdp-rollout-failures/>
- Health Workers for Palestine
<https://www.instagram.com/hw4fp.uk/>

